FE1AN048

## NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) RECEIVED This form should be filed after the Committee qualifies as a multicandidate committee. FFC MAIL CENTER 1. (a) NAME OF COMMITTEE IN FULL 2015 JUN 29 AM 9: 41 GARVERPAC 2. FEC IDENTIFICATION NUMBER (b) Number and Street Address PO Box 1084 C00559609 (c) City, State and ZIP Code TYPE OF COMMITTEE (check one) North Little Rock, AR 72115 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) \_\_ and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: \_ **FEC Identification Number:** CHEST A SECTION SEED OF STATUS BY QUALIFICATION: (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):... Name .... Office Sought ... State/District Date ... (i) **US Senate** AR 09/02/2014 John Boozman (ii) Steve Womack US Representative 04/24/2014 AR 03 (iii) French Hill US Representative AR 02 05/27/2015 (iv) **US** Representative Bill Shuster PA 09 09/29/2014 (v) US Representative 10/27/2014 (b) Contributors: The committee received a contribution from its 51st contributor on: \_\_\_12/23/2014\_ (c) Registration: The committee has been registered for at least 6 months. FEC FORM1 was (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete: TYPE OR PRINT NAME OF TREASURER SIGNATURE, OF TREASURER DATE 22 JUNE 2015 Dathan A: Gaskill NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Federal Election Commission, Washington, DC 20463

Toll-free 800-424-9530

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